|  | | **Unit S/N:** LHT 0952-0716 | | | | | | | **Work Order#**: | | | | |
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| ***SERVICING INFORMATION*** | | | | | | | | | | | | | | |
| Date of Last Service: 01/31/2022 | | | | Service Location: Cencomex, Chile | | | | | | | | | | |
| Model/Model#: H30 | | | | | | | | | PR#: | | | | | |
| Technician: Jorge Fernández | | | | | | | | | | | PO: | | | |
| ***CUSTOMER INFORMATION*** | | | | | | | | | | | | | | |
| Customer Name: Cencomex | | | | | | | | Customer Number: | | | | | | |
| Address: Av. Galvarino #7640, Quilicura, Santiago | | | | | | | | | | | | | | |
| Contact Name: Ricardo Carrasco | | | | | Email: rcarrasco@cencomex.cl | | | | | | | Phone: +56992252900 | | |
| *Describe the reason for the service activity. This section should describe the complaint or, issue found while servicing. Include any unusual environmental conditions, pertinent settings, conditions or other information that may help in the analysis of the issue.* | | | | | | | | | | | | | | |
| ***SERVICE REQUEST -*** | | | | | | | | | | | | | | |
| **Water pump leaked water right after powering the system.** | | | | | | | | | | | | | | |
| *Describe any pertinent findings and information. Include whether the complaint is confirmed.* | | | | | | | | | | | | | | |
| ***FINDINGS -*** | | | | | | | | | | | | | | |
| **The water pump fittings were loose.** | | | | | | | | | | | | | | |
| As applicable, provide a summary of the potential cause and associated failure reason. *If not known, leave blank.* | | | | | | | | | | | | | | |
| ***ASSESSMENT*** | | | | | | | ***FAILURE CODE*** | | | | | | | |
| √ | | **Topic** | | | | | **Name** | | | | | | | |
|  | | Customer mis-use | | | | |  | | | | | | | |
|  | | Manufacturing defect | | | | |  | | | | | | | |
|  | | Normal wear and tear | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |
| *Describe any post servicing information and/or ultimate results of testing.* | | | | | | | | | | | | | | |
| ***FINAL DISPOSITION -*** | | | | | | | | | | | | | | |
| **The pump was removed from the system, adjusted and put back again in the laser system.** | | | | | | | | | | | | | | |
| √ | | **Topic** | | | | | | | | | | | | |
|  | | Device passed all functional tests and performance checks. | | | | | | | | | | | | |
|  | | Device did not pass all functional test/checks and will not fully perform to published specifications.  **DO NOT** use this unit until repairs are made to ensure full functionality. | | | | | | | | | | | | |
| *Describe all parts used, blank rows acceptable.* | | | | | | | | | | | | | | |
| ***REPLACEMENT PARTS*** | | | | | | | | | | | | | | |
| Part | | | | | | Description | | | | | | | QTY | Lot Number |
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| *Service Technician:* | Jorge Fernández |  | *Date:* | 01/31/2022 |
| *Customer Acknowledgement:* | Ricardo Carrasco |  | *Date:* | 01/31/2022 |